

ISSUE SLIP STAPLE

(al cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|-----------|------------|-----------------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | <i>Dr</i> | <i>32</i> | <i>9/8</i> |
| FORMALITY REVIEW | <i>Dr</i> | <i>32</i> | <i>10/17/12</i> |
| RESPONSE FORMALITY REVIEW | <i>R2</i> | <i>897</i> | <i>03-14-02</i> |

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) ... Canceled
 + Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Date |
|----------------|---------|
| Final Original | |
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| Claim | Date |
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If more than 150 claims or 10 actions
 staple additional sheet here

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Best Available Copy

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 10/17/01
 80 14 03/15